

DEPARTMENT OF HEALTH SERVICES

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July 16, 2001

N.L.: 13-0701

Index: Medical Therapy Program

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, CHIEF/SUPERVISING
THERAPISTS, MEDICAL THERAPY UNITS (MTUs), AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) STAFF

SUBJECT: REVISED INTERAGENCY AGREEMENT (IAA) BETWEEN THE CMS
BRANCH AND THE CALIFORNIA DEPARTMENT OF EDUCATION
(CDE), SPECIAL EDUCATION DIVISION (SED)

Background

The purpose of this numbered letter is to provide county CCS/Medical Therapy programs (MTP) with a copy of the revised IAA, including attachments, and appendices between the California Department of Health Services (DHS), the CMS Branch, and the CDE/SED (See Enclosure). The CDE/SED is required to enter into interagency agreements with any public agency that provides a related service to children with disabilities in public schools. Medically necessary physical therapy and occupational therapy services provided to a child who is medically eligible for MTP are considered a related service when included in the child's Individualized Education Program/Individual Family Service Plan (IEP/IFSP).

The revised IAA supercedes the IAA established on October 22, 1981, between the MTP and the CDE/SED. The IAA is necessary to implement Chapter 26.5 of the California Government Code and the California Code of Regulations (CCR), Title 2, Sections 60300-60610 (enclosed).

The IAA (Enclosure I) between the CDE/SED and CMS Branch is composed of the following:

- The agreement with statement of responsibility and specified activities for the CMS Branch/CCS program and the CDE/SED.
- A history of each agency's laws and regulations linking the MTP and SED together in the provision of services to children with disabilities in public schools.

- Standards for a Medical Therapy Unit (MTP) facility space, equipment, and supplies.

This IAA differs from the previous agreement in that it is specific to the requirements of the CMS Branch and the CDE/SED as the state agencies responsible for providing oversight for county MTP programs and the school districts' Special Education Local Planning Area (SELPA) or Local Education Agency (LEA). The previous version of the IAA only provided a model for local agencies to use in development of their local IAAs. The specific requirements that county MTP programs and the school district's SELPA or LEA must address in their interagency agreements are implementation of the interagency regulations. CCR, Title 2, Section 60310 provides the specific framework for local interagency agreements between county MTPs and SELPAs/LEAs.

In addition to the activities identified in the IAA, the CMS Branch and the CDE/SED also work at the State level toward:

- Developing and maintaining channels of communication to allow local agencies to proactively address interagency needs or issues.
- Developing and maintaining methods of fiscal reimbursement between local agencies.
- Ensuring implementation of each program's standards and policies.

POLICY

Each county MTP is responsible for development of an IAA with each SELPA or LEA to provide related services to children with disabilities in public schools and ensure that the related services are provided in a high quality and uninterrupted manner. The IAA must address:

- Requirements specified in the interagency regulations (CCR, Title 2, Sections 60300-60610).
- The standards for an MTU facility space, equipment, and supplies.
- A method for planning development of a new MTU and for the relocation or modification of an MTU. These plans must have the approval of the CDE/SED and the CMS Branch. The IAA must include this requirement as an initial step in the consideration and planning of construction, relocation, or modification of an MTU.

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Policy Implementation

County CCS programs are to develop and implement IAAs with the SELPA or LEA. Please note that the requirements of the content of the local interagency agreement differ greatly from the content of the State IAA. County CCS programs may find it helpful to utilize the State IAA as a tool in understanding the roles of the state agencies when developing their own local IAAs and may use it as a model for formatting/designing of local IAAs. The CMS Branch has provided 100 percent State funding for county therapy positions to support county MTP staff to coordinate or assist in these activities.

The CCS and CDE/SED will be conducting joint trainings regarding the interagency agreement in the near future. You will be notified when the dates are confirmed.

If you have any questions regarding the revised IAA, please contact Jeff Powers, Physical Therapy Consultant, at (916) 323-8089. For consultation and technical assistance on development of your county IAA with the SELPA/LEA, please contact the therapy consultant assigned to your county CCS program.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

**Interagency Agreement Between
California Department of Education (CDE), Special Education Division And
Department of Health Services, Children's Medical Services Branch (CMS),
California Children Services (CCS) Medical Therapy Program (MTP)**

Agreements

The agreements on the following pages of this document are divided into activities that are identified in Chapter 26.5 of the Government Code for the Department of Health Services, Children's Medical Services Branch, California Children Services Program and California Department of Education, Special Education Division. It is the responsibility of each agency to communicate, collaborate and create a cooperative system that benefits children with disabilities. The state agencies will provide technical assistance to ensure that local agencies have interagency agreements that contain all required elements identified in the interagency regulations.

Purpose of Document

It is the intent of this agreement between the California Department of Education, Special Education Division and the Department of Health Services, Children's Medical Services, California Children Services to:

- Outline the responsibilities of each state agency to assure the uninterrupted delivery of special education services and medically necessary therapy services as identified in the individualized education program (IEP) or the individualized family service plan (IFSP) when conducted through the LEA and coordinated through CDE, Special Education.
- Describe the conditions under which each agency will assume the fiscal responsibility for providing services to eligible children with disabilities.
- Establish monitoring of local programs by state agencies to assure resources will be utilized at the local level in the most effective and efficient manner and in compliance with the current federal and state laws and regulations.
- Implement joint staff development and continuous quality assurance activities.
- Establish and maintain channels of communication between the California Department of Education, Division of Special Education and the Department of Health Services, California Children Services at the state level.
- Provide a framework to assure that children with disabilities, who are eligible for special education and California Children Services (CCS), Medical Therapy Program (MTP) services, have the opportunity to achieve an appropriate level of educational programming and physical function.

Review of Interagency Agreement

This document will be reviewed by California Department of Education, Special Education Division and Department of Health Services, California Children Services on an annual basis and modified as necessary. Representatives of both agencies prior to any revision will review all recommendations.

Responsibilities

ACTIVITIES	CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Liaison	<p>Designate CCS liaison to CDE, Special Education to facilitate and monitor statewide interagency collaboration and coordination between Special Education Local Plan Areas (SELPAs), Local Education Agencies (LEAs) and county CCS programs.</p> <p>Develop and provide joint interagency training.</p> <p>Review statewide trends related to coordination of county CCS Medical Therapy Program (MTP) services with LEAs/SELPAs services.</p> <p>Review annually the State interagency agreement (IAA) between CDE, Special Education and the CCS MTP and modify as needed.</p> <p>Review county CCS Program's Scope of Work to assure local IAA are in place, reviewed regularly and are content compliant with current state and federal laws.</p>	<p>Designate CDE liaison to CCS, to facilitate and monitor statewide interagency collaboration and coordination between LEAs/SELPAs and county CCS programs.</p> <p>Develop and provide joint interagency training.</p> <p>Review statewide trends related to coordination of LEAs/SELPAs, services with county CCS MTP.</p> <p>Review annually the State IAA between the CCS, MTP and the CDE, Special Education and modify as needed.</p> <p>Review local plans to assure current local IAA are in place, reviewed regularly and are content-compliant with current state and federal laws.</p>
Referrals and Assessments	<p>Provide technical assistance to assure appropriate referral of children with MTP eligible conditions to LEA for assessment in areas of suspected disability.</p> <p>Provide technical assistance and monitor processing of LEA referrals for MTP services for compliance with program policies</p> <p>Monitor statewide consistency in determining MTP medical eligibility.</p>	<p>Provide technical assistance and monitor LEA's policies and procedures for referral to county CCS programs for MTP services through local plans.</p> <p>Provide technical assistance to LEAs/SELPAs to assure compliance with federal and state laws and regulations dealing with the assessment of the individual's educational needs.</p>

ACTIVITIES	CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Professional Standards	<p>Maintain standards of practice for physical therapy (PT) and occupational therapy (OT) as recognized by the pediatric rehabilitation and medical community.</p> <p>Assure that PT services are provided by a PT or physical therapy assistant (PTA) licensed by the State of California and in accordance with Section 2620 et seq. of the Business and Professions Code as established by the Physical Therapy Board of California.</p> <p>Assure that OT services are provided by an OT or certified occupational therapy assistant (COTA) certified by the National Board of Certification for Occupational Therapy (NBCOT) and in accordance with Section 2570 of the Business and Professions Code and the American Occupational Therapy Association, Standards of Practice for Occupational Therapy AJOT, 48(12) 1039-1043.</p> <p>Maintain and monitor standards for medically necessary physical therapy and occupational therapy for MTP eligible children according to CCS policies and procedures.</p>	<p>Maintain and monitor guidelines and standards for professional practice for OT/PT in accordance with California Code of Regulations, Title 5, Division 1, Chapter 3, Section 3051.6.</p> <p>Maintain and monitor standards for providing a free and appropriate education to individuals with disabilities as required by federal and state laws and regulations.</p> <p>Assure through a review process that the professional standards are consistent with the program guideline standards for Occupational Therapy/Physical Therapy in California Public Schools 1996.</p>
Exchange of Information	Provide technical assistance to county CCS programs to assure that confidentiality of CCS medical	Assure the confidentiality of educational records as required by federal and state laws and regulations.

ACTIVITIES	CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Exchange of Information (Cont.)</p>	<p>therapy records is maintained as required by federal and state laws and regulations.</p> <p>Exchange relevant CCS MTP policies and procedures with CDE, Special Education.</p>	<p>Exchange relevant CDE, Special Education policies and procedures with CCS MTP.</p>
<p>Quality Assurance (QA)</p>	<p>Develop and maintain quality assurance (QA) tools to be utilized by county CCS programs in evaluating their compliance with regulatory requirements (referrals, assessments, timelines, notification and provision of services).</p> <p>Develop methods for county CCS programs to report, in summary format, the results of QA activities on an annual basis.</p> <p>Provide technical assistance and consultation to county CCS programs when they have difficulty meeting their QA indicators.</p>	<p>Monitor LEAs/SELPA's utilizing QA process and local plan self-review instrument to evaluate LEA compliance with regulatory requirements for referrals, assessment, timelines, notification, and provision of services.</p> <p>Provide feedback that results in improved service delivery, communication and collaboration between the LEA and county CCS programs.</p>
<p>Provision of Service</p>	<p>Monitor county CCS MTP to assure medically necessary OT/PT services are provided as stated in the approved therapy plan.</p> <p>Develop policy to assure appropriate use of MTP resources and to avoid duplication of OT/PT services, and provide technical assistance to county CCS programs.</p> <p>Review county CCS program procedures and monitor local notification process to assure the notification of parent and LEA when the county CCS MTP is unable to provide medically necessary OT/PT services as stated in the approved therapy plan and contained in the IEP/IFSP.</p>	<p>Assure through a review of local plans that LEAs/SELPA's utilize therapy services available through county CCS MTP, when appropriate.</p> <p>Assure the appropriate use of educational resources through local plan review and monitoring process to avoid duplication of MTP OT/PT services.</p> <p>Monitor local plans to assure LEAs/SELPA's have policies and procedures in place to provide medically necessary OT/PT services when, for any reason, the county CCS MTP cannot provide such services as stated in the approved therapy plan and contained in the IEP/IFSP.</p>

ACTIVITIES	CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
<p>Provision of Service (Cont.)</p>	<p>Monitor county CCS programs for compliance with CCS MTP staffing requirements.</p> <p>Provide technical assistance and consultation on resource development and recruitment of qualified therapy service providers.</p> <p>Monitor county CCS programs to assure OT/PT services that have been included on the IEP, and, are provided by the county CCS MTP, are continued during the pendency of a special education due process hearing decision in which county CCS programs have been joined.</p> <p>Monitor delivery of services by county CCS MTP after the decision of the fair hearing officer to assure compliance with the decision.</p>	<p>Monitor LEAs/SELPA's to assure OT/PT services that are included on the IEP and are not provided by the county CCS MTP are continued during the pendency of a due process hearing decision.</p> <p>Monitor delivery of services by LEAs/SELPA's after the decision of the fair hearing officer to assure compliance with the decision.</p>
<p>Individualized Education Program (IEP) or Individualized Family Service Plans (IFSP) Coordinated Through CDE, Special Education</p>	<p>Provide technical assistance to county CCS programs as to MTP staff participation in individualized education program (IEP) meetings, when requested.</p> <p>Provide technical assistance to county CCS programs as to MTP staff participation in individualized family service plan (IFSP) meetings, when requested.</p> <p>Provide technical assistance to county CCS programs to facilitate transition planning as described in IDEA 97.</p>	<p>Monitor LEAs/SELPA's to assure compliance with federal and state laws and regulations relative to development, implementation, and review of the IEP and IFSP.</p> <p>Review and monitor LEAs/SELPA's to assure policies and procedures in place to request MTP participation in IEP and IFSP meetings.</p> <p>Provide technical assistance to LEAs/SELPA's to facilitate transition planning as described in IDEA 97.</p>

ACTIVITIES	CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Least Restrictive Environment and Natural Environment	Assure that medically necessary PT/OT services are provided in the setting necessary for implementation of the approved therapy plan.	Monitor LEAs/SELPA's to assure compliance with federal and state laws and regulations relating to the least restrictive environment and natural environment.
Procedural Safeguards	Provide technical assistance to county CCS programs to assure that CCS offers dispute resolution through an expert physician when the parent is in disagreement with the MTC decision.	Provide technical assistance to parents/LEAs/SELPA's on the complaint and due process hearing procedures.
Medical Therapy Conference (MTC)	Assure that county CCS programs have an adequate number of MTCs necessary to maintain the currency of the CCS approved therapy plan.	Monitor LEAs/SELPA's to assure there are provisions in the local plan that allow education staff to participate in medical therapy conferences, when requested.
Facilities	<p>Issue and maintain, jointly with CDE, statewide facility standards for Medical Therapy Units (MTUs) and Medical Therapy Units Satellites (MTU-S) and, utilizing monitoring procedures, to assure the standards are implemented by county CCS programs. (Attachment 1)</p> <p>Provide technical assistance to county CCS programs and LEAs/SELPA's to determine the need for a new MTU.</p> <p>Provide technical assistance to county CCS programs for effective use of space in planning for an MTU.</p> <p>Provide technical assistance to county CCS programs in collaborating with LEAs/SELPA's for compliance with MTU and MTU-S space standards.</p> <p>Collaborate with CDE and provide technical assistance to county CCS programs for effective use of space in MTUs.</p>	<p>Issue and maintain, jointly with CCS, statewide facility standards for MTUs and MTU-S and, utilizing monitoring procedures, to assure implementation by LEAs/SELPA's. (Attachment 1)</p> <p>Assure local compliance with state laws and regulations regarding planning and provision of space for new MTUs.</p> <p>Provide technical assistance to LEAs/SELPA's for effective use of space in planning for an MTU.</p> <p>Provide technical assistance to assure LEAs/SELPA's collaboration with county CCS program for compliance with MTU and MTU-S space standards.</p> <p>Collaborate with CCS and provide technical assistance to LEAs for effective use of space in MTUs.</p>

ACTIVITIES	CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Facilities (Cont.)	Provide technical assistance to county CCS programs and LEAS/SELPAS regarding responsibility of maintenance of physical plant.	Provide technical assistance to LEAS/SELPAS regarding responsibilities for maintenance of physical plant.
Equipment and Supplies for MTP Services	<p>Issue and maintain, jointly with CDE, equipment and supply requirements for MTUs and MTU-S. (Attachment 1)</p> <p>Provide technical assistance to county CCS programs so that each MTU has equipment necessary for MTP services at the MTU or MTU-S.</p> <p>Provide technical assistance to county CCS programs so that each MTU has expendable/consumable supplies necessary for MTP services at the MTU or MTU-S.</p>	<p>Issue and maintain, jointly with CCS, equipment standards for MTUs and MTU-S. (Attachment 1)</p> <p>Provide technical assistance and monitor LEAs to assure LEAs/SELPAs provision of necessary equipment for the MTU and MTU-S.</p> <p>Assure statewide implementation of guidelines for the provision of expendable/consumable supplies necessary for MTP services to children with disabilities.</p>
Transportation	Provide technical assistance to county CCS programs when transportation issues are preventing the child from receiving medically necessary CCS MTP services.	Provide technical assistance to LEAs/SELPAs as related to transportation issues for eligible students to and from MTU or therapy satellite as contained in the IEP/IFSP.
Staff Development	<p>Mutually plan and implement with CDE interagency training that facilitates interagency collaboration and service delivery.</p> <p>Provide technical assistance to county CCS programs to assure that county sponsored educational/in-service opportunities are available to LEA staff, when appropriate.</p>	<p>Mutually plan and implement with CCS interagency training that facilitates interagency collaboration and service delivery.</p> <p>Provide technical assistance to LEAs/SELPAs to assure that LEAs/SELPAs sponsored educational/in-service opportunities are available to CCS staff, when appropriate.</p>

ACTIVITIES	CMS Branch/CCS Program RESPONSIBILITY	CDE, Special Education Division RESPONSIBILITY
Interagency Dispute Resolution	Provide technical assistance to county CCS programs to resolve local disputes with LEAS/SELPAS prior to filing a complaint with either the Secretary of Health and Human Services or Superintendent of Public Instruction.	Provide technical assistance to LEAS/SELPAS to resolve local disputes with CCS prior to filing a complaint with either the Superintendent of Public Instruction or Secretary of Health and Human Services.
Fiscal Responsibilities	<p>Provide technical assistance to county CCS programs when there is a need to reimburse the LEAs/SELPAs for provision of medically necessary therapy services identified in the approved therapy plan and contained in the IEP/IFSP.</p> <p>Provide technical assistance to county CCS programs during the development of the annual LEAs/SELPAs service plan and budget plan for MTU equipment and supplies.</p>	<p>Provide technical assistance to LEAs/SELPAs when seeking reimbursement from CCS for the provision of medically necessary OT/PT services as stated in approved therapy plan and contained in the IEP/IFSP.</p> <p>Provide technical assistance to LEAs/SELPAs when developing and maintaining an annual service plan and budget plan for MTU equipment and supplies.</p>

Program Requirements for Department of Health Services, Children's Medical Services Branch, California Children Services (CCS), and California Department of Education (CDE), Special Education Division

Federal and State Mandates

Special education services to individuals with disabilities are mandated by federal and state laws and regulations including the Individuals with Disabilities Education Act (IDEA); Section 504 of the Rehabilitation Act of 1998; the Americans with Disabilities Act (ADA) of 1990; the California Education Code and Title 5 of the California Code of Regulations.

Medically necessary therapy services for children with conditions eligible for the CCS MTP are mandated by the California Health and Safety Code and Title 22 of the California Code of Regulations.

These programs are linked together in the provision of services to children with disabilities by the California Government Code Chapter 26.5 and the interagency regulations (Title 2, Division 9, Chapter 1, Article 1, Sections 60000-60610) effective August 13, 1999.

Since children with disabilities may require a variety of services from different agencies, it is essential that systems of interagency coordination, cooperation and collaboration be maintained. IDEA holds education responsible to work cooperatively with other public and private agencies to assure that children with disabilities receive education and related services as identified in the IEP or IFSP. One method of meeting this responsibility is the use of interagency agreements, which specify each agency's program and fiscal responsibility for the provision of special education and related services. The California Department of Education may use all available sources of support whether federal, state, local or private in order to assure a child with a disability receives a free and appropriate public education.

Funding Sources and Use of Funds

The California Department of Education, Special Education Division and the Department of Health Services, Children's Medical Services Branch, California Children Services MTP operate from different funding streams from separate state and federal budgets. It is essential that each agency be accountable for those funds so that the needs of disabled children are met without duplication of services.

In order to better serve children with disabilities, it is necessary to assure that funds provided from the IDEA are used by the California Department of Education to meet the educational needs of children with disabilities. Pursuant to Section 56205 of the Education Code, local agencies (LEAs/SELPA's) are required to comply with requirements of IDEA, Rehabilitation Act of 1998 and the ADA of 1990.

Funds used for providing PT and OT services through the CCS Medical Therapy Program (MTP) to eligible children will only be expended on medically necessary diagnostic, treatment and therapy services.

The California Department of Education, Division of Special Education and California Children Services will work together to maximize the use of available resources, including funds outside of CCS or CDE, to provide quality services to children with disabilities eligible for both programs and assure fiscal responsibility for mandated services, facilities, equipment and supplies.

Historical Perspective

The State Department of Health Services, California Children Services program and the California Department of Education, Special Education Division have a long history of laws and regulations that link them together in service provision to special needs populations and collaboration in this endeavor.

California Children Services History	Special Education History
<p>May 1927 – California Crippled Children’s Act – established the CCS program to provide services for conditions such as infantile paralysis that have since been eliminated through preventive measures.</p> <p>1935 – Social Security Act – Federal mandate that each state would establish and fiscally support a program that provides services for children with special health care needs.</p> <p>1945 – Medical Therapy Program (MTP) established by the California State Legislature primarily to treat children with Cerebral Palsy.</p> <p>1961 – Budget Act - expanded eligibility for the MTP to include neuromuscular, musculoskeletal and other chronic conditions that require long term medical care and rehabilitation services.</p> <p>1968 – Crown Act - established local county responsibility for the MTP.</p> <p>1981 – In order to implement PL 94-142, California Department of Education, Special Education Division and Department of Health Services, CCS signed a state interagency agreement to set the groundwork for cooperation and communication between the agencies for the provision of medically necessary PT and OT services identified in the IEP and provide guidance for state and local agencies until the California State Legislature could establish statutes.</p>	<p>1945 – State legislation passed that required PT and OT services provided by CCS no longer be provided in orthopedic hospitals, but instead, be provided in public schools.</p> <p>1975 – Public Law 94-142 - passed in the US Legislature. Called Federal Education of the Handicapped Act (EHA). This statute initiated the concept of a free and appropriate public education (FAPE) for children with special needs, due process, related services to support the child’s education, and the IEP process. Regulations were promulgated in 1977.</p> <p>1981 – In order to implement PL 94-142, California Department of Education, Special Education Division and Department of Health Services, CCS signed a state interagency agreement to set the groundwork for cooperation and communication between the agencies and provide guidance for state and local agencies until the California State Legislature could establish statutes.</p> <p>1983 – Public Law 98-199 - made amendments to EHA that included requiring the LEAs/SELPA’s to include transition services in the IEP planning. It also established the Federal Office of Special Education Planning (OSEP) to oversee state implementation of EHA.</p>

California Children Services History	Special Education History
<p>1984 – AB 3632 - Chaptered into law as Chapter 26.5 of the Government Code. This statute established interagency responsibility for provision of medically necessary PT and OT services identified in the IEP.</p> <p>1987 - Emergency regulations for AB 3632 were promulgated and renewed each year with the budget act for 10 years.</p> <p>1997 – AB 2726 - was passed and effectively terminated the emergency regulations as of July 1, 1997, and required that all agencies involved would promulgate final regulations.</p> <p>1998 – A second set of emergency regulations for Chapter 26.5 of the Government Code were filed with the Secretary of State and became effective July 1, 1998.</p> <p>1999 - Final regulations for Chapter 26.5 (commencing with section 7250) of the Government Code were adopted on August 13, 1999. These interagency regulations are located in Title 2 of the California Code of Regulations Division 9, Chapter 1, Article 1, Section 60000-60610.</p>	<p>1984 – AB 3632 - Chaptered into law as Chapter 26.5 of the Government Code. This statute established state and local interagency responsibilities for provision of educational and related services to children with disabilities.</p> <p>1986 – Public Law 99-457 - made amendments to EHA that included lowering the age of eligibility for special education services to birth, the concept of full inclusion, requirements for assessments, increasing children's/parental rights in the IEP and IFSP process and parental consent, and established the early intervention program.</p> <p>1987 - Emergency regulations for AB 3632 were promulgated and renewed each year with the budget act for 10 years.</p> <p>1990 – Public Law 101-476 - made amendments to EHA that included assistive technology as a benefit for children with special needs and changed the name from EHA to the Individuals with Disabilities Education Act (IDEA).</p> <p>1997 – AB 2726 - was passed and effectively terminated the emergency regulations as of July 1, 1997, and required that all agencies involved would promulgate final regulations.</p> <p>1997 – Public Law 105-17 - made amendments to IDEA that included increased state responsibility for insuring interagency agreements between agencies serving children eligible for special education and fiscal responsibility of state programs already serving disabled populations in the public schools.</p> <p>1998 - A second set of emergency regulations for Chapter 26.5 of the Government Code were filed with the Secretary of State and became effective July 1, 1998.</p> <p>1999 - Final regulations for Chapter 26.5 (commencing with section 7250) of the Government Code were adopted on August 13, 1999. These interagency regulations are located in Title 2 of the California Code of Regulations Division 9, Chapter 1, Article 1, Section 60000-60610.</p>

Facility Space (Physical Plant), Equipment and Supplies Necessary for California Children's Services (CCS) Medical Therapy Program (MTP) Service Provision

Introduction

The Children's Medical Services (CMS) California Children Services (CCS) Medical Therapy Program (MTP) began providing physical therapy and occupational therapy services to disabled children in the public schools in 1945. These out-patient therapy clinics established on public school sites were called Medical Therapy Units (MTUs). Establishing MTUs on public school sites allowed children to receive therapy services where they would normally spend their day instead of being removed from the child's school environment to be transported to a hospital setting. This was a concept that CCS and the California Department of Education (CDE) agreed would be in the best interests of disabled children. The state legislature passed legislation that same year to endorse the concept. It was agreed that CDE would provide the facility space, equipment and supplies for the MTU, and the Department of Health Services would provide the therapy services (staff). The daily oversight of the MTU and provision of therapy services is the responsibility of the local county CCS program. In 1984, Chapter 26.5 Section 7570-7588 of the Government Code was codified into state law as a result of Assembly Bill 3632. This chapter governs interagency activities and responsibilities of agencies providing services to disabled children in public schools.

Funding to Support the Medical Therapy Unit (MTU) Facility, Equipment & Supplies

The SELPA is responsible for assuring that the MTU is provided with the facility space, equipment and supplies necessary to provide therapy services as described in the SELPA's local plan. The LEA will include in its annual service delivery plan the process by which it will fund the physical plant, equipment, supplies and maintenance for the MTU and how it participates with the local CCS program to jointly plan for funding of equipment and supplies for the MTP. These processes and funding amounts will be identified and included in the annual budget plan. The CCS MTU therapy staff will be responsible for the efficient use of the funds to support present and future MTU operations. The MTU

therapy staff may request any item on the approved equipment and supply list without additional approval from CMS and CDE. Items not on the list will require prior approval of the CMS and CDE liaisons. The CCS MTU therapy staff and LEA staff should collaborate on an annual basis to maintain a current inventory of equipment that has been purchased by the LEA.

The CCS MTU staff will submit a request list of needed equipment for the upcoming fiscal year in a timely manner agreed to by the LEA and CCS that will allow the LEA to plan for MTP needs. If the list is in excess of the amount identified in the annual services plan and annual budget plan, the MTU staff should prioritize the requested items or defer the purchase of the items to another fiscal year. The LEA representative and CCS therapy staff will develop a method to purchase the needed items.

The SELPA director or County Superintendent of Schools is responsible for insuring that a local interagency agreement between the LEA and the local county CCS program includes language that designates which LEA(s) is responsible for providing facility space, equipment and supplies for the MTU.

Establishing a Medical Therapy Unit (MTU) or Medical Therapy Unit Satellite (MTU-S)

MTUs/MTU-S should be established in a location central to the maximum number of identified MTP children needing therapy services.

CCS has two levels of facilities in the public schools. The first level is the MTU. The second is an extension of the MTU called an MTU-Satellite (MTU-S). Title 2 Section 60330(c) of the California Code of Regulations states "All new construction, relocation, remodeling or modification of medical therapy units or MTU-Satellite (MTU-S) shall be mutually planned and approved by the California Department of Education and the State Department of Health Services." Local county CCS programs must contact their State regional office therapy consultant prior to any planning or implementation of plans for new or existing MTUs. LEAs must receive approval from CDE prior to implementation of plans for new or existing MTUs.

The space necessary for an MTU must provide for the following functions:

administration, medical therapy conference, comprehensive evaluation/assessment of a child's therapy needs, treatment in open and private treatment areas, activities of daily living training, storage area(s) for equipment and supplies and workshop area to fabricate and maintain various adaptive aids (See Table 1).

The MTU-S is an approved extension of an established MTU where limited medical therapy program services are provided and in a location closer to the child's school placement or home. Not all MTP services available at the MTU are available at the MTU-S. Those services not provided at the satellite include comprehensive evaluations and medical therapy conferences, and treatments that require specialized equipment or facilities not available at the MTU-S.

An MTU-S may be established when there is a minimum of 4 hours of continuous therapy treatment by an individual therapist scheduled per day for MTP children on a public school site. Consistent with the facility space provided at the MTU, the LEA must provide and maintain the facility space, equipment and supplies necessary for the prescribed therapy of the children to be served at the MTU-S site.

The need for a new MTU/MTU-S is determined according to "demonstrated need". CCS will recommend to the SELPA/LEA the need for an MTU/MTU-S based on the following 4 items:

- 1) the number of prescribed hours of occupational therapy and/or physical therapy services
- 2) age and number of children
- 3) the residences of the CCS MTP population and the LEA(s) responsible for providing services for children in the area
- 4) Projected growth of area

When the need for an MTU/MTU-S is mutually determined by the LEA and the local CCS program, the state agencies will be contacted for approval. State agencies will work in collaboration with the local agencies in the planning of the facility. Projected demographics need to be included in the planning process. An MTU (including all of its

satellites) should not have a caseload of over 350 children. When an MTU caseload begins to reach this point, the local agencies should meet and discuss whether a new MTU is appropriate to meet the needs of the children being served.

Relocating a Medical Therapy Unit (MTU) or Medical Therapy Unit-Satellite (MTU-S)

The relocation of an MTU or MTU-S shall not occur unless mutually agreed upon by the local county CCS program and LEA with approval from the CMS Branch and CDE.

Prior to relocation, the MTU therapy staff must be given at least 60 days from the date of the agreement to be moved. This gives time for parent notification and staff preparation.

The CCS staff is responsible for preparing the MTU or MTU-S equipment for moving.

The LEA is responsible for moving the equipment to the new location. The relocated equipment must be in place and operational prior to therapy services being resumed.

Medical Therapy Unit (MTU) Facility Use and Maintenance

Title 2 Section 60330(b) of the California Code of Regulations states:

" The space and equipment of the medical therapy unit and medical therapy unit satellites shall be for the exclusive use of the CCS staff when they are on site. The special education administration of the LEA in which the MTU is located shall coordinate with the CCS staff for other use of the space and equipment when the CCS staff is not present"

The local county CCS program and the LEA should include in the local interagency agreement guidelines for sharing space when CCS staff is not using the MTU or MTU-S facilities. Local interagency agreements shall also indicate which LEA is responsible for the day to day maintenance of the MTU physical plant. Maintenance includes, but is not limited to, structural repairs, custodial/housekeeping services, replacement of broken (non-functional) and consumed items.

Space Guidelines for Medical Therapy Units (MTUs)

Education Code Section 17047(a) requires 3,000 square feet for an MTU in a newly constructed school site, with additions, if identified student populations are higher at the school site. The California Code of Regulations Title 2 Section 60330(a) provides

guidance for functions that require space in an MTU. Square footage for the MTU is based on 3 defined space needs:

- 1) Standard space - space that is basic for an MTU and is not affected by the size of the therapy staff or number of children served.
- 2) Staff Dependent space - space that is "dependent" on the approved full-time equivalent (FTE) therapy staff needed to meet prescribed treatment hours.
- 3) Shared Space - space that can be shared regardless if the CCS staff is present or not (waiting room, etc.).

Areas for the Medical Therapy Conference (MTC), Activities of Daily Living (ADLs- training kitchen, training bathroom etc.), and the workshop are standard and not affected by the size of the therapy staff. Areas for Administration (therapist and clerical office space), evaluations, treatment, and storage will vary in size needs according to the size of the therapy staff. Shared space such as the waiting room will vary according to the needs of the MTU and of the school. The training kitchen and bathroom may be considered shared space dependent on accessibility.

The minimum space to establish an MTU is 1,900 square feet. This will house 1-2 FTE staff therapists and a clerk. This includes a waiting room that can be shared with the school if logistically possible. As therapy staff FTEs increase, the following are minimum increments above 1900 square feet necessary to accommodate the therapy staff functions of the MTU. Office/clerical space increases 25 square feet for each FTE therapy staff increase above 2 FTEs. Evaluation/treatment area will increase 240 square feet per added FTE over 2. Storage space will increase 7.5 square feet per added FTE above 2 FTEs.

The breakdown for the minimum MTU space requirement is as follows:

- 1) 1,900 square feet total (including waiting room)
- 2) FTE therapists and 1 clerk
- 3) MTC - 250 square feet
- 4) Administration - 250 square feet
- 5) Evaluations/treatment area - 800 square feet
- 6) ADLs - 250 square feet

- 7) Storage - 75 square feet
- 8) Workshop - 75 square feet
- 9) Waiting Room - 200 square feet

Table 1 MTU Space Allocations per FTE Staff Therapist

	1 FTE	2 FTE	3 FTE	4 FTE	5 FTE	6 FTE
Administration	250 Sq Ft.	300 Sq Ft	350 Sq Ft	400 Sq Ft	450 Sq Ft	500 Sq Ft
Medical Therapy Conference (MTC)	250 Sq Ft.	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft
Evaluation & Treatment	800 Sq Ft.	1,280 Sq Ft	1,760 Sq Ft	2,240 Sq Ft	2,720 Sq Ft	3,200 Sq Ft
Activities of Daily Living (ADLs)	250 Sq Ft.	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft
Storage Area	75 Sq Ft.	90 Sq Ft	105 Sq Ft	120 Sq Ft	135 Sq Ft	150 Sq Ft
Workshop	75 Sq Ft.	75 Sq Ft	75 Sq Ft	75 Sq Ft	75 Sq Ft	75 Sq Ft
Waiting Area	200 Sq Ft.	200 Sq Ft	200 Sq Ft	200+ Sq Ft	200+ Sq Ft	200+ Sq Ft
Total Square Feet	1,900 Sq Ft	2,445 Sq Ft	2,990 Sq Ft	3,525 Sq Ft	4,080 Sq Ft	4,625 Sq Ft

FTEs are rounded up to the next whole number (ie 2.5 staff therapists = 3). These requirements are set as a minimum. The LEA and the county CCS program should negotiate for additional facility space based on the needs of the children to be served (do not rely on just the established minimum). It is a starting point (a floor), not a limitation (ceiling). Storage area can be decreased incrementally if there is either a storage area or cargo space outside of the MTU but within the school grounds that can be utilized or the LEA provides funding and two-way delivery for an off-site storage area. Supervisors and clerks are not a part of the staff dependent formula but are included in the standard space formula.

Standards for Upgrading Existing MTUs

Existing MTUs must meet all of the functional requirements as stated in the interagency regulations. The minimum space to operate an MTU will be 1,900 square feet subject to review and approval by CMS and CDE.

Office for Therapists (Administration)

1. Purpose is to provide:
 - a. Area for therapist's desks, office equipment, & filing cabinets for medical records and x-rays;
 - b. Location for reviewing, charting and filing of confidential medical records;
 - c. Storage for forms, clerical and clinic supplies;
 - d. Central library for professional journals, medical reference books, etc.;
 - e. Telephone areas for confidential calls;
 - f. Area for writing records, letters, and reports; and
 - g. Space for bulletin board.
 - h. Private area for supervisors office
2. Special features:
 - a. Adjacent to therapy rooms with doors leading into therapy room. The office should be accessible to other personnel without passing through the therapy area. The office should be able to lock for security.
 - b. Window from the office into therapy area to provide a visual check of the general treatment areas and a window into the reception area if the waiting room is attached;
 - c. Desk area for each therapist, aide, and/or secretary;
 - d. Bookshelf area;
 - e. Tackboard area;
 - f. Space for cabinet with lock, for use in storing clerical materials and record forms, and an area for hanging coats;
 - g. Space for 4 drawer steel filing cabinets. The space requirement is determined by the case load;
 - h. Telephone fixture(s) with lines (an appropriate number based on the size of the staff) for public calls, FAX and modem;
 - i. Intercom system connected to school office or other rooms (for safety purposes);
 - j. Electric outlets on at least 2 walls;

- k. Floor area large enough to accommodate table for computer and printer with access to electrical outlets and phone line; and
- l. Locked storage space for x-rays and videos.
- m. Computer access

Waiting Area

- 1. Purpose is to:
 - a. Provide an area for parents, patients and siblings to use while waiting for interviews, treatments and clinic appointments;
 - b. Make parent educational material easily available; and
 - c. Provide a place for toys and activities to keep waiting children and siblings occupied.
- 2. Special features:
 - a. Near outside entrance and convenient to therapy rooms, but not necessarily adjacent to them;
 - b. Electrical outlet; and
 - c. Accessible to adult toilet facilities with access to a changing table.

Training Bathroom (ADLs)

- 1. Purpose is to:
 - a. Provide privacy for evaluating and training in activities of daily living usually performed in the bathroom. This includes use of bathroom fixtures; wheelchair and crutch management; and personal grooming skills such as bathing, toileting, brushing teeth, and combing hair.
- 2. Special Features:
 - a. Adjacent and readily accessible to both physical and occupational therapy areas;
 - b. Size and configuration similar to home bathroom, including separate tub (a separate shower is optional), commode, and basic pullman with enough room for a head-on adult wheelchair approach to all fixtures;
 - c. Grab bars at tub, shower, and commode;
 - d. Hot and cold running water; wall medicine cabinet with mirror; toothbrush rack; glass holder, towel bars, home type toilet paper dispenser; and

Enclosed Storage

1. Purpose is to provide:
 - a. Secured storage for braces, crutches, walkers, wheelchairs, standers, and other special equipment that may be needed periodically.
2. Special features:
 - a. Wall area provided with wall mounted racks for storage of braces and crutches with clearance allowing for wheelchair and other large equipment storage;
 - b. Shelving for small equipment and supplies;
 - c. Locked.

Workshop (Modification of Equipment)

1. Purpose is to provide secure:
 - a. Space for fabrication, adjustment, and maintenance of equipment and self help aids, and for making splints and casts; and
 - b. Storage of special equipment, hand tools and supplies.
2. Special features:
 - a. Electrical outlet above workbench and sink counter;
 - b. Minimum of 6 feet of counter workbench, with a counter top overhang so work may be clamped to it;
 - c. Light over workbench;
 - d. Cabinets provided above and below counter with some drawer space, some locking;
 - e. Adjustable shelves to ceiling, 12 to 15 inches deep;
 - f. Built-in or space for movable metal cabinet, with lock, for storage of flammable solvents and/or paints;
 - g. Exhaust fan activated by light switch;
 - h. Large size sink with hot and cold running water and a plaster trap, counter area with Formica drain board with front and back lip;
 - i. Roll out bins for storage of wood scraps, sandbags; and
 - j. Space for sewing machine.

Physical Therapy (Evaluation/Treatment)

1. Purpose is to provide adequate area for:
 - a. Evaluation of respiratory function and basic gross motor skills limited by muscle tone, range of motion, muscle strength, sensory dysfunction, retained primitive reflexes or delayed postural responses;
 - b. Treatment services requiring therapeutic equipment for respiratory function and the development of mobility (bed mobility-gait training), therapeutic exercises, and use of adaptive aids;
 - c. Monitoring of neuromuscular or musculoskeletal condition, gross motor skills, mobility, and evaluation of durable medical equipment, function of orthotics and prosthetics and fabrication of splints/casts
 - d. Instruction to care provider/ parent or classroom teacher in gross motor activities, use of durable medical equipment and orthotics/prosthetics, facilitation of movement, positioning in the home/classroom, therapeutic exercises, and range of motion activities; and
 - e. Consultation with parent/care provider, classroom teacher, physician or other health related professional for coordination of care, suggestions to facilitate mobility/positioning in the home, classroom or community, and identification of problem areas that may require medical referral; and
 - f. Private area that can be used for treatment sessions and can also be used for medical therapy conference examination and confidentiality for family conference and dictation of report; in lieu of separate conference room.
2. Special features:
 - a. Sink with hot and cold running water;
 - b. Non skid hard surface flooring with a designated carpet;
 - c. Electrical outlets;
 - d. Lower part of windows treated to eliminate distraction from outside and protect window from wheeled vehicle collisions;
 - e. Wall cabinet storage;
 - f. Treatment cubicles for privacy
 - A. Curtains/screens (no posts) and some full walls;

- B. Adequate light, heat, and ventilation; and
- C. Electrical outlets.
- g. General activity area for a large, safe, open area
 - A. Reinforced wall and ceiling for hanging wall and ceiling equipment;
 - B. High ceiling and lights to accommodate ball activities; and
 - C. Counter height windows.

Occupational Therapy (Evaluation/Treatment)

1. Purpose is to provide adequate areas for:
 - a. Evaluation of oral motor function, ADLs and basic fine motor skills limited by muscle tone, range of motion, muscle strength, sensory dysfunction, incoordination, retained primitive reflexes or delayed postural responses;
 - b. Treatment services requiring therapeutic equipment for oral motor and perceptual motor development relating to the development of activities of daily living (eating, dressing, bathing, grooming, toileting and use of hand manipulatives), training in household activities, therapeutic exercises and use of adaptive aids;
 - c. Monitoring of neuromuscular or musculoskeletal condition, fine motor/perceptual skills, oral motor development, self-care activities, household activities, use of adaptive aids and fabrication of splints and adaptive equipment;
 - d. Instructions to care providers/ parents and classroom teacher in fine motor, oral motor and perceptual activities, positioning, use of adaptive aids/splints, facilitation of self-care activities, household activities, and therapeutic exercises;
 - e. Consultation with parent/caregiver, classroom teacher, physician, and other health related professionals for coordination of care, suggestions to facilitate self-care activities in the home and classroom, age appropriate home and community activities, and identification of problem areas that may require medical referral;

- f. Private area that can be used for treatment sessions and can also be used for medical therapy conference examination and confidentiality for family conference and dictation of report; in lieu of a separate conference room or space available in physical therapy.
2. Special features:
- a. Built in wall bulletin boards in at least 2 places in room, 1 to be near the hall door;
 - b. Ample electrical outlets (floor level plugs);
 - c. Sink with hot and cold running water;
 - d. Cabinet area around sink and additional wall cabinet storage in room
 - e. Treatment cubicles to provide an enclosed area separated from the general OT area to minimize distractibility and afford privacy
 - i Cubicles separated by two-way cabinets 24" deep with sliding doors and drawers accessible to either cabinet;
 - ii Cubicles curtained off with ceiling hanger;
 - iii Chalkboard and tackboard to baseboard in several areas;
 - iv Long mirror;
 - v Electrical outlets;
 - vi Storage areas with doors for toys, large balls, swings, feeding seats, books, special equipment;
 - vii Locked storage for electronic equipment, communicators and computers.
 - f. General activity area to provide an open safe area for therapeutic games and activities which require gross motion, small group participation, and use of large equipment.
 - g. Carpeted/matted area for floor activities.

Training Kitchen (ADLs)

1. Purpose is to provide:
 - a. Training in activities of daily living necessary to function as safely and independently as possible, including preparation and storage of food and use of appliances.
2. Special features;
 - a. An area larger than a normal kitchen to accommodate wheelchairs, several children and therapists simultaneously;
 - b. Adequate access between homemaking area and OT treatment area;
 - c. Hallway access to accommodate groups without interruption of treatments occurring nearby in other areas of OT;
 - d. Kitchen equipment similar to that found at home;
 - e. Sink with standard height drainboard;
 - f. Broom closet;
 - g. Cabinet space for linens, dishes, including drawers, adjustable shelves and pull out boards;
 - h. Stove (with oven);
 - i. Dishwasher;
 - j. Access to clothes washer and dryer;
 - k. Adequate electric plug outlets for use of small appliances;
 - l. Refrigerator.

Parking

1. Purpose is to provide:
 - a. Adequate parking space for disabled children and family to have access to the MTU
2. Special features:
 - a. Front row of parking lot closest to the MTU main entrance
 - b. Ramp from parking lot onto sidewalk/entrance to the MTU
 - c. Clearly marked spaces painted using universal symbol for the disabled, or sign posted that displays this symbol.

Medical Therapy Conference Area

If there is not an area specifically dedicated for MTC, the MTU must meet the requirements of the Sections on PT (page 10) and OT (page 11).

1. Purpose is to:
 - a. Provide a private area for the physician to examine children, and for the multi-disciplinary team to meet and discuss the needs of the child.
2. Special Features:
 - a. Examination table
 - b. X-ray illuminator
 - c. Space for family participation
 - d. Space for patient assessment and observation

Supplemental Space (marked with an *)

These areas are desirable but not always necessary. Should the areas be determined necessary, square footage will vary depending on unit caseload.

*Outdoor Therapeutic Area

1. Purpose is to:
 - a. Provide an area for functional training in the outdoor environment.
- 2) Recommended special features:
 - a. Adjacent and accessible to occupational and physical therapy areas;
 - b. Paved area for wheelchair and walkers;
 - c. Covered walking area with standard curb and simulated street crossing with stop/go signal;
 - d. Various surfaces and elevations for gait training (i.e. sand, gravel, grass, bricks, rocks and hills);
 - e. Large grass mound area with a 4 foot rise;
 - f. Screened from playground area to reduce distractibility of pupil from assigned task; and
 - g. Wind breaks if area warrants.

*Training Bedroom

Minimal requirements are for a private space, storage closet, and bed.

1. Purpose is to provide:
 - a. Privacy for evaluation and training activities of daily living skills usually performed in the bedroom area, such as transfer from bed to crutches or wheelchair; practice in bed making; general household and cleaning activities; self dressing and undressing; personal grooming; and care of own clothing.
2. Special Features:
 - a. Adjacent to occupational therapy and accessible to physical therapy;
 - b. Screened from the general treatment area; and
 - c. Space for items listed in the equipment list.

*Conference Room

1. Purpose is to provide area for:
 - a. Conferences;
 - b. Interviews;
 - c. Lectures; and
 - d. Progress studies.
2. Special features:
 - a. Near therapy office and waiting room;
 - b. Two doors, one to outside hall and one into therapy unit;
 - c. Tackboard and dry erase board area;
 - d. Electrical outlets, minimum of two;
 - e. Intercom unit, depending on size of unit.

*Therapy Staff Parking (Dedicated)

1. Purpose is to provide:
 - a. Accessible parking for therapy staff that travel between the MTU and MTU satellite sites.
2. Special features:
 - a. Close to the front entrance of the MTU.

MTP Equipment List

The MTP equipment list established by CCS and CDE identifies appropriate equipment and supplies necessary to provide MTP services in the MTU. The items listed are basic to the provision of therapy care management, assessments, treatment or consultation to disabled children and their families with the goal of providing equal access and uniformity of equipment for children receiving MTP services.

A new MTU will require most items on this list as they are essential to the provision of services in any MTU and receive high usage regardless of the number of children served or the conditions treated. However, some items are for use with conditions that are eligible for the MTP, but are not commonly used. These items may not be immediately necessary to establish a MTU. A newly established MTU may be opened, with mutual agreement between CMS and CDE, without all of the equipment on the list if there is a commitment by the LEA to provide the specific and necessary equipment within a specified and reasonable period of time. Existing MTUs may submit requests for equipment on the list that need to be replaced or is necessary to treat children currently receiving services in the MTU.

The list does not include every item of equipment and supply which may be required to assess, treat or provide consultation for every child in the MTP. Items not on the list will require specific justification and CMS approval prior to presentation to the LEA responsible for providing equipment and supplies for the MTU.

Definitions

- 1) Equipment - means those reusable items that are necessary to provide MTP services. These items are accessed by multiple children while receiving MTP services at the MTU or MTU-S. The equipment should have a life expectancy of a year or more.
- 2) Supplies - means those items of an expendable or consumable nature that are necessary to provide MTP services. These items augment the provision of MTP services at the MTU or MTU-S. Supplies should have a life expectancy of less than one year.

Equipment & Supply List

Purpose	Item	CCS Responsibility	LEA Responsibility
<u>Administration:</u> this includes equipment and supplies to support medical therapy services.	<u>Equipment</u>		
	1) Answering Machine	1	
	2) Bookcase/Bookshelves		2
	3) Chair and Desk/Work Surface (If separate, 1 per therapist).		3
	4) Computer, IBM Compatible (includes CPU, monitor, keyboard, mouse and printer)	4	
	5) Computer Table/Hutch	5	
	6) Copier (or access to one)		6
	7) File Cabinets (four drawer with lock and x-ray storage		7
	8) Telephone		8
	9) FAX Machine	9	
	10) Storage Cabinet		10
	11) Bulletin Boards		11
	12) Paper Cutter (or access)		12
	<u>Supplies</u>		
	1) Computer Software	1	
	2) Office Supplies, General		2
	3) Office Supplies, Medical	3	
	4) Reference Books, Medical	4	
	5) Phone Line, Public		5
	6) Phone Line, FAX & modem	6	
<u>MTU Conference:</u> this includes equipment and supplies to support physician assessments during conference	<u>Equipment</u>		
	1) Chairs, Folding (access)		1
	2) X-Ray Illuminator	2	
	3) Tape Recorder (mini) or Dictaphone	3	
	4) Neurologic Hammer	4	
	5) Otoscope	5	
	6) Examining Table (stand alone) or built-in (optional)		6
	7) Sphygmomanometer	7	
	8) Stethoscope	8	
	9) Scale (standing/sitting)	9	
	10) Flashlight (mini)	10	
	11) Tape Measure (cloth)		11
	<u>Supplies</u>		
	1) Tongue Blades	1	
	2) Ear Swabs (long)	2	
	3) Handi-Wipes	3	
	4) Rubbing Alcohol	4	
	5) Examining Table Cover	5	
	6) Gowns	6	

Purpose	Item	CCS Responsibility	LEA Responsibility
PT and OT Services: this includes equipment and supplies for assessment, treatment and consultation services to be provided by MTP staff	<u>Equipment</u>		
	1) Mobile arm supports		1
	2) Chairs, adjustable (small & medium) with trays		2
	3) Dynamometer		3
	4) Equilibrium board		4
	5) Tape Measures (metric)		5
	6) Goniometers (large, small & finger sizes)		6
	7) Elevated treatment tables & mats		7
	8) Floor mats		8
	9) Pinch gauge		9
	10) Polaroid Camera	10	
	11) Privacy Screens/curtains		11
	12) Ramp & Curb Set		12
	13) Spirometer, hand-held		13
	14) Training stairs		14
	15) Computer for Student Use includes software & adaptive accessories		15
	16) Ambulation belts		16
	17) Crutches, canes etc.		17
	18) Balance beam		18
	19) Therapy balls, assorted sizes & ball rack		19
	20) Stationary bike, adjustable		20
	21) Crutch rack		21
	22) Wall pulley system with weights & weight rack		22
	23) Swivel hook, ceiling mounted with: a) Net swing b) Bolster c) platform		23
	24) Hydraulic lift & sling		24
	25) Foot placement ladder		25
	26) Mirror, mobile (full length)		26
	27) Mirror, 3-panelled		27
	28) Parallel bars (adjustable)		28
	29) Weights (ankle, wrist adjustable) & weight rack.		29
	30) Caster cart		30
	31) Storage Cabinets. standard		31
	32) Prone Stander		32
	33) Tilt table		33

Purpose	Item	CCS Responsibility	LEA Responsibility
PT and OT Services: this includes equipment and supplies for assessment, treatment and consultation services to be provided by MTP staff (Cont.)	34) Pull-up bar, portable		34
	35) Push-up blocks		35
	36) Stall bars		36
	37) Stools, rolling		37
	38) Tables: child size, cut-out and adjustable, standard table		38
	39) Walkers		39
	40) Tricycles, with therapeutic attachments		40
	41) Standardized Testing Kits (assorted)		41
	42) Head pointer, adjustable		42
	43) Air Splints		43
	44) Bolsters/wedges, assorted		44
	45) Push Cart		45
	46) Hand Placement mitt		46
	47) Helmets, assorted sizes		47
	48) Sand bags		48
	49) Scooter boards		49
	50) Toys: balls, blocks, dolls, Legos, push/pull toys, puzzles, scissors, bean bags, etc.		50
	51) High chair		51
	52) Feeder Seat (assorted sizes)		52
	53) Microwave		53
	54) Stove/oven, standard		54
	55) Washer/Dryer		55
	56) Refrigerator		56
	57) Toilet seat, raised (portable)		57
	58) Toilet bars, portable		58
	59) Tub bars, portable		59
	60) Transfer bench		60
	61) Hydrocollator, hot packs & tongs		61
	62) Paraffin bath		62
	63) Shower hose, hand-held		63
	64) Pegboards		64
	65) Reachers		65
	66) Dressing/grooming aids, assorted		66
	67) Adaptive switches & mountings (for toys)		67
	68) Video monitor	68	
	69) Video equipment (camera & player)	69	
	70) Bed (or access to)		70
	71) Air pump & attachments (or access to)		71
	72) Bedding/towels		72
	73) Feeding Equipment		73

Purpose	Item	CCS Responsibility	LEA Responsibility
PT and OT Services: this includes equipment and supplies for assessment, treatment and consultation services to be provided by MTP staff (Cont.)	74) Safety mats for bathroom/tub		74
	75) Kitchen cookware		75
	76) Dishes & utensils		76
	77) Kitchen appliances, small		77
	78) Corner chair		78
	79) Bath chair		79
	80) Cast Cutter		80
	81) Bandage scissors		81
	82) Whiteboard		82
	83) Easel		83
	<u>Supplies</u>		
	1) Theraband/exercise tubing	1	
	2) Gloves, disposable	2	
	3) Cleaning: spray bottles, disinfectant, sponges, laundry/dish soap		3
	4) Mouth pieces for hand-held spirometer, disposable	4	
	5) Paraffin	5	
	6) Toilet Paper		6
	7) Paper towels		7
	8) Kleenex		8
	9) Arts & crafts, assorted		9
	10) Film/videotape	10	
	11) Food (for training)		11
Therapy Workshop: this includes equipment and supplies to fabricate and maintain adaptive equipment utilized by children during MTP activities.	<u>Equipment</u>		
	1) Storage cabinet, fireproof		1
	2) Heat gun		2
	3) Storage cabinet, standard		3
	4) Electric skillet		4
	5) Iron/ironing board		5
	6) Sewing Machine, Heavy Duty (or access to)		6
	7) Router (hand-held)		7
	8) Jigsaw (hand-held)		8
	9) Work Table with clamps		9
	10) Hand Tools, assorted		10
	11) Scissors, assorted		11
	12) Electric hand drill & accessories		12
	13) Extension cord		13
	14) Staple gun		14
	15) Electric screwdriver (cordless)		15

Purpose	Item	CCS Responsibility	LEA Responsibility
	<u>Supplies</u>		
	1) Plaster	1	
	2) Plastics (thermo)	2	
	3) Orthotic glue	3	
	4) Splinting materials & accessories	4	
	5) Wood	5	
	6) Sewing accessories	6	
	7) Hardware (assorted)		7
	8) Foam	8	

APPROVALS



MARIDEE GREGORY
Chief of Children's Medical Services
California Department of Health Services

Date: 6/28/00



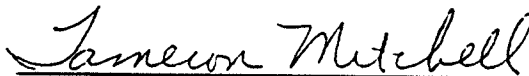
DELAINE EASTIN
Superintendent of Public Instruction
California Department of Education

Date: 6/22/2000



DIANA M. BONTA
Director
California Department of Health Services

Date: _____



TAMERON MITCHELL
Deputy Director
Primary Care and Family Health

Date: 7/19/00